

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>01/5/05</u>		2 Serial/Patent # <u>10/524/852</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing <u>Fee Change</u>			\$ <u>100.00</u>
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
			7 TOTAL AMOUNT OF REFUND	\$ <u>100.00</u>
			8 TO BE REFUNDED BY: <u>CC</u>	
			Treasury Check	
			Credit Deposit A/C #:	
			<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <u>29</u>--<u>0975</u> </div>	
10 REASON:				
<input checked="" type="checkbox"/>	Overpayment			
<input type="checkbox"/>	Duplicate Payment			
<input type="checkbox"/>	No Fee Due (Explanation):			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Rita White</u>			TITLE: <u>Legal Assistant Manager</u>	
SIGNATURE: <u>Rita White</u>			PHONE: <u>7/308-9140 ext. 231</u>	
OFFICE: <u>DO/EO</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____			DATE: _____	

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*